Name In Full

Certificate of Death

Fanny E C Adams

Died at Town Frederick County Frederick MARYLAND

Date 1904 Month 1 Day 1 | Age Y. 65 M. 9 D. 3 | Native of Md | Occupation —

~~Male~~ Female | White Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living 6 4

Husband of

Wife

Father's Name Valentine Adams Mother's Maiden Name S. R. Adams

Cause of Death: Primary Cirrhosis of Kidneys — How long sick Several years

Immediate Cerebral Apoplexy — ~~Accident, Suicide, Homicide~~

Reported by Dr Wm Johnson

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73893

Name in Full: Russell R. Alexander

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Fredk.

Date of death: 1904 — Month: 1 — Day: 31 — Age: Years 24 — Months 11 — Days 17

Sex: Male — Color or Race: White — Birthplace: F. Co. Md.

Occupation: Teacher — Where Residing if not at place of death: Frederick.

Married, Single or Widowed: Married — Name of Wife or Husband: Mollie Smith.

Father's Name: Frank Alexander — Father's Birthplace: F. Co Md

Mother's Maiden Name: Lydia Smith. — Mother's Birthplace: " " "

Name of person giving In formation: Mrs. Alexander — How related to deceased: Widow

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Tumor — How long: 2 / 1

Immediate: Asthenia (Exhaustion) — How long: 10 days —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. J. M. Cundy

Address:

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: Harriet A. Anderson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Frederick; County: Frederick

Date of death 1904: Month: Janj; Day: 29; Years: 57; Months: 10; Days:

Sex: Female; Color or Race: White; Birthplace: Fred. Co., Md.

Occupation: H.W.; Where Residing if not at place of death:

Married, Single or Widowed: Widowed; Name or Wife or Husband: Wm. R. Anderson

Father's Name: Daniel H. Kohlenberg; Father's Birthplace: Frd. Co., Md.

Mother's Maiden Name: Harriet A. Kohlenberg; Mother's Birthplace: Frd. Co., Md.

Name of person giving information: Geo. Anderson — Son; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — Diplegia; How long: 48 hours

Immediate: Heart failure; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jo. Hendrix, Med.

Address: Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Harriet Mantz Baer

Died at Town: Frederick County: Frederick MARYLAND

Date 19 04 Month: 1 Day: 17 | Age Y. 84 M. 3 D. 2 | Native of Md | Occupation ——

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced / Number of children living 5

Husband / Wife of ——

Father's Name: William Baer Mother's Maiden Name: Hariet Mantz

Cause of Death — Primary: Softening of Brain — How long sick: Six weeks

Immediate: Paralysis — Accident, Suicide, Homicide

Reported by: Wm Conrad Attendant

Address: Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Caroline Baumgardner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Fredericks; County: Fredk

Date of death 1904: Month: 1; Day: 26; Age: Years: 67; Months: —; Days: 29

Sex: Female; Color or Race: White; Birthplace: City

Occupation: House Wife; Where Residing if not at place of death: City

Married, Single or Widowed: Married; Name or Wife or Husband: Henry Baumgardner

Father's Name: Jacob Shawbaker; Father's Birthplace: Fredk Md

Mother's Maiden Name: Catherine Bolaska; Mother's Birthplace: " " "

Name of person giving In formation: Edw. Baumgardner; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Influenza; How long: 4 weeks

Immediate: Double Pneumonia, asphyxia; How long: 10 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Frank Hickerott M.D.

Address: 2 N. Market Frederick

Accident or Suicide?

LIBRARY BUREAU A85016

Name in Full: Jacob Blickenstoff

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Middle Point — County: Frederick

Date of death 1904: Month: Jan. — Day: 30 — Age: Years: 72 — Months: 10 — Days: 22

Sex: male — Color or Race: white — Birthplace: Middle Point Md.

Married, Single or Widowed: Widowed — Occupation: Farmer

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Blickenstoff — Father's Birthplace: Md.

Mother's Maiden Name: Mary Flair — Mother's Birthplace: do not Know

Name of person giving information: Irving Stollemyer — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Phthisis — How long: 45 yrs.

Immediate: La Grippe — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. J. Smith

Address: Wolfsville Md

Accident or Suicide? no

LIBRARY BUREAU A88518

Name In Full

Certificate of Death

James. Leroy Bohn.

Town

County

Died at Johnsville (Frd. Co

MARYLAND

Month Day | Y. M. D. | Native of | ~~Occupation~~ —

Date 1914 Jan 29. | Age 8. 13. | Md

~~Male~~ / ~~Female~~ — ~~White~~ / ~~Colored~~ — ~~Married~~ / ~~Single~~ / ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / Number of children living

Husband of

Wife

Father's Name James. F Bohn

Mother's Maiden Name Ursula Grossnickle

Cause of Death — Primary Cerebral Meningitis

Immediate Exhaustion.

How long sick

10 or 12 days

~~Accident~~, Suicide, Homicide

Reported by Dr. James Waltz.

Address Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Charles Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick — County: Frederick — MARYLAND

Date of death 1904 — Month: Jan. — Day: 22

Age — Years: 21 — Months: 5 — Days: 14

Sex: Male

Color or Race: Colored

Birthplace: Hancock, Md

Married, Single or Widowed: Widowed

Occupation: Barber

Name of Wife or Husband:

Father's Name: John N. Brown

Father's Birthplace: Md.

Mother's Maiden Name: Cora Efferson

Mother's Birthplace: Va.

Name of person giving information: Cora Efferson - Brown

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Phthisis — How long: 2 years

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr A G Brown

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Paul Common

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Adamstown — County: Fred.

Date of daath 1904: Month: 1 — Day: 14 — Age: Years: 1 — Months: 3 — Days:

Sex: Male — Color or Race: White — Birth-place: Adamstown

~~Married~~, Single or ~~Widowed~~ — Occupation: X

Name of Wife or Husband: X

Father's Name: Alvett Common. — Father's Birthplace: Fred Co

Mother's Maiden Name: Stauffer — Mother's Birthplace: Fred Co.

Name of person giving In formation — How related to deceased

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Enteritis — How long: 2 days

Immediate: Heart Failure — How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. A. Bailey.

Address: Adamstown Md.

Accident or Suicide?

LIBRARY BUREAU A99518

Name in Full: Mary Ellen Cochran

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Jefferson — County: Frederick

Date of death 1904 — Month: Jan. — Day: 27 — Age: Years 66 — Months 6 — Days 12

Sex: Female — Color or Race: White — Birthplace: Frederick Co.

Married, Single or Widowed: Widow — Occupation: —

Name of Wife or Husband: Reuben F. Cochran

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving In formation: R. Clifford Cochran — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis (Lung & Throat) — How long: Three years

Immediate: General Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas R. Crum

Address: Jefferson, Md.

Accident or Suicide?

LIBRARY BUREAU A80510

Name in Full: George L. Gomz.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Near Mt Zion (County) Frederick

Date of death 1904 (Month) 1 (Day) 17

Age (Years) 5 (Months) 10 (Days) 1

Sex Male | Color or Race White | Birthplace Va.

Married, Single or Widowed Married | Occupation Laborer.

Name of Wife or Husband Virginia Stockman.

Father's Name | Father's Birthplace

Mother's Maiden Name Gomz | Mother's Birthplace

Name of person giving information Virginia ~~Stockman~~ | How related to deceased Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary | How long Sudden

Immediate Heart failure. | How long death.

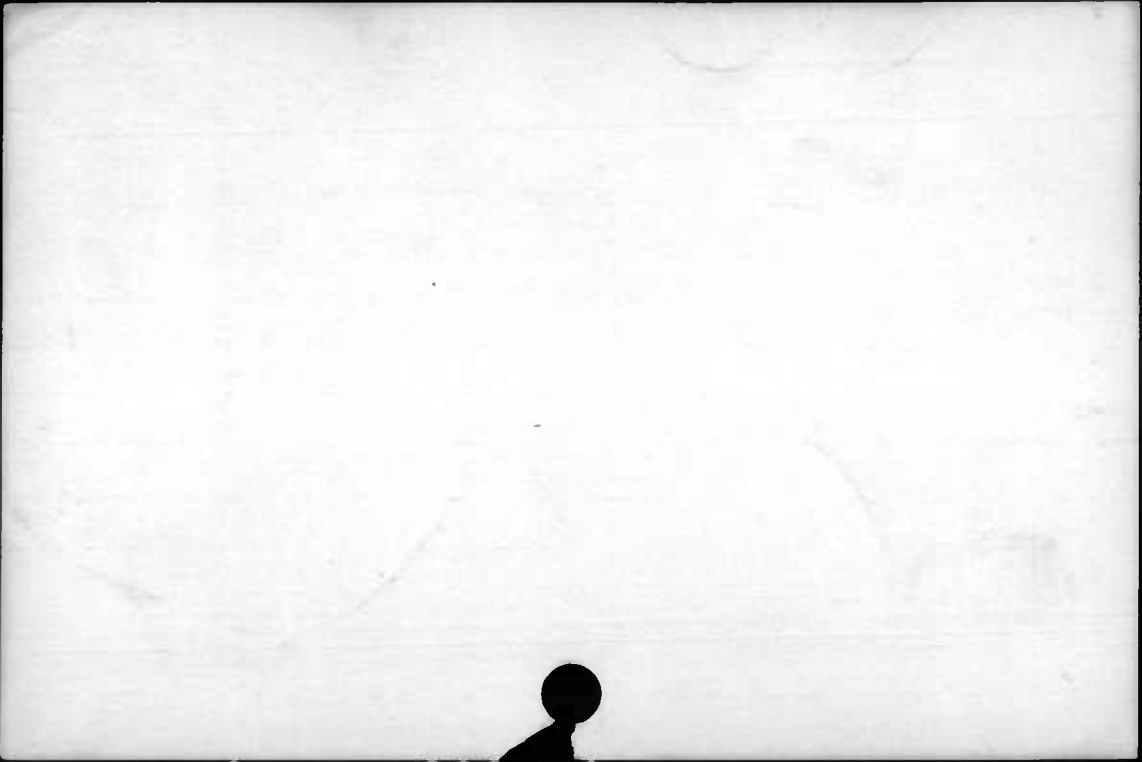
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician M. R. Etchison

Address Undertaker Jefferson Md.

Accident or Suicide?

LIBRARY BUREAU A68516



Name in Full — Certificate of Death

Lotta Cooke

Died at Town: West Falls — County: Frederick — MARYLAND

Date 1904 — Month: Jan. — Day: 1st — Age: Y. M. D. — Native of: Md. — Occupation: None

Male / ~~White~~ / ~~Married~~ / ~~Widow~~ / ~~Divorced~~

Female / Colored / Single / ~~Widower~~ / ~~Number of children living~~ 2

Husband / Wife of

Father's Name: Adam Cooke — Mother's Maiden Name: Mary Brook

Cause of Death — Primary: Phthisis Pulmonalis — How long sick:

Immediate: Hemorrhage — ~~Accident, Suicide~~, Homicide

Reported by: Thomas P. Babbington M.D.

Address: Mountville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73898

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Sophia E. Creeger.

Died at: Town: Thurmont. County: Frederick.

Date of death 1904: Month: Jan. Day: 23rd. Age: Years: 72. Months: 11. Days: 12.

Sex: Female. Color or Race: White. Birthplace: Graceham, Fred'k Co, Md.

Married, Single or Widowed: Widow. Occupation: Home keeper.

Name of Wife or Husband: Jas. Creeger (Deceased)

Father's Name: John Hiron. Father's Birthplace: Fred'k. Co. Md.

Mother's Maiden Name: Mary Magdalene Warnfelz. Mother's Birthplace: " " "

Name of person giving information: E. M. Creeger. How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough + Bronchitis. How long: 1 year.

Immediate: Broncho-Pneumonia, Pleurisy + Heart failure. How long: Few days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Elijah E. Kefauver,

Address: Thurmont, Maryland.

Accident or Suicide? No.

LIBRARY BUREAU A6851O

Name in Full: Mrs Annie Brien Davis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick — County: Frederick

Date of death — Month: 1 — Day: 23- — Year: 1904

Age — Years: 48 — Months: × — Days: ×

Sex: Female

Color or Race: White

Birthplace:

Occupation: Harpe

Where Residing if not at place of death: Urbana Md

Married, ~~Single~~ or ~~Widowed~~

Name of ~~Wife or~~ Husband: John Davis.

Father's Name: Col. L. T. Brien -

Father's Birthplace: Co -

Mother's Maiden Name: Miss. Wilson, Mary 10.

Mother's Birthplace: Balto Md

Name of person giving Information: Father

How related to deceased: ×

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Gnppe -

How long: Few days -

Immediate: ~~Typhoid~~ Pneumonia, Septic

How long: 2 wks -

Are the name, age, sex, color, date and place correctly given above? Yes - 2

Signature of Physician: Franklin Buchanan Smith

Address: Frederick Md

~~Accident or Suicide~~?

LIBRARY BUREAU A80318

Name in Full: Dieterman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Frederick — County: Frederick

Date of death	Month	Day	Years	Months	Days
1904	1	4	Age 0	X	15

Sex: Male — Color or Race: White — Birthplace: near Frederick

Occupation: X — Where Residing if not at place of death: X

~~Married~~, Single or Widowed: — Name of Wife or Husband: X

Father's Name: Wm Dieterman — Father's Birthplace: Md

Mother's Maiden Name: Mrs Wilhamina Umbrager — Mother's Birthplace: Md

Name of person giving information: Father — How related to deceased: D

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pur pura Hemorrhagica — How long: 10 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Maurice Buchman Jr MD

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A63016

Name in Full

Certificate of Death

Edith May Eccard

No. 1,

Died ~~at~~ near Town Jamesville County Frederick MARYLAND

Date ~~1904.~~ Month 1 Day 31 | Age Y. 4 M. — D. 10 | Native of U. S. | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife —

Father's Name John P. Eccard | Mother's Name Clara Eccard

Cause of Death — Primary: Diphtheria — How long sick: 3 days

Immediate: Toxine poisoning — ~~Accident, Suicide, Homicide~~

Reported by George N. Riggs M.D.

Address Jamesville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Infant 2 days old

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Brunswick — County: Frederick

Date of death: 1904 — Month: June — Day: 24

Age: Years: — Months: — Days: 2

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Infant — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Robert Henry Earle — Father's Birthplace: Ireland

Mother's Maiden Name: Annie Beatrice Flinn — Mother's Birthplace: U.S.

Name of person giving Information: Annie B Flinn — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dyspepsia Circulatory and Respiration — How long: 2 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Linn Trail

Address: Brunswick, Md

Accident or Suicide?

LIBRARY BUREAU A03616

Name in Full: Ezra Eyler

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Emmitsburg — County: Frederick

Date of death: Month 1 — Day 11 — 1904 — Years: Age 72 — Months — Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: white — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death:

~~Married, Single~~ Widowed — Name of Wife or ~~Husband~~: Elmira

Father's Name: John Eyler — Father's Birthplace: Md

Mother's Maiden Name: Margaret Eyler — Mother's Birthplace: "

Name of person giving Information: Martin A. B. Eyler — How related to deceased: Brother

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Lobar Pneumonia — How long: 5 days

Immediate: Heart Insufficiency — How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. H. E. Stone

Address: Emmitsburg Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A88516

Name in Full: William Tobray

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pearl — County: Frederick

Date of daath 1904: Month: Jan — Day: 17 — Years: Age 77 — Months — Days

Sex: Male — Color or Race: White — Birth-place: Frederick Co Md

Married, ~~Single~~ or ~~Widowed~~ — Occupation

Name of Wife or Husband: Susan Pauly

Father's Name: Otho Lobery — Father's Birthplace

Mother's Maiden Name: Ellen Fine — Mother's Birthplace

Nama of person giving In formation — How related to decaased

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Heart Disease — How long: Years

Immediate: Muscular Insufficiency — How long: 5 weeks

Are the name, age, sex, color, date and place corractly given above? Yes — Signature of Physician: Geo J McCurdy

Address

Accident or Suicide?

LIBRARY BUREAU A6851C

Name in Full: George Washington Forney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brunswick; County: Frederick

Date of death 1904: Month: Jan; Day: 31; Age: Years: 82; Months; Days

Sex: Male; Color or Race: White; Birthplace: Md

Occupation; Where Residing if not at place of death

Married, ~~Single~~ or Widowed; Name of Wife or Husband: Margut Anderson

Father's Name: Adam Forney; Father's Birthplace: Md

Mother's Maiden Name: Ann Elizabeth Everhart; Mother's Birthplace: Md

Name of person giving In formation: James A. Forney; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Gangreen 142; How long: 3 Months

Immediate: Exhaustion; How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Lyin Trish

Address: Brunswick Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Israel Garber

Died at Town: Unionville County: Frederick MARYLAND

Date 19 04 Month: Jan. Day: 4 | Age Y. 71 M. 8 D. 27 | Native of Md. | Occupation Laborer

Male / Female | White / Colored | ~~Married~~ / Single | Widow / Widower | ~~Divorced~~ / Number of children living /

Husband / Wife of Unknown

Father's Name Unknown Mother's Maiden Name Unknown

Cause of Death — Primary: Nephritis — How long sick: 8 months

Immediate: Heart failure — Accident, Suicide, Homicide

Reported by Thomas P. Saffington, M.D.

Address Unionville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full: Cora Mandella Geesey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woodsboro; County: Frederick

Date of death: Month: Jan.; Day: 31; 1904

Age: Years: 31; Months: 5; Days: 1

Sex: Female; Color or Race: White; Birthplace: Md.

Occupation: Housewife; Where Residing if not at place of death: —

Married, ~~Single or Widowed~~; Name ~~of Wife or~~ Husband: Edwin Felty Geesey

Father's Name: Michael Shank; Father's Birthplace: Md.

Mother's Maiden Name: Eva Crum; Mother's Birthplace: Md

Name of person giving Imformation: Edwin Felty Geesey; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis; How long: About 2 Years-

Immediate: General Debility; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. A. Stultz

Address: Woodsboro Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A83516

Name in Full: Thelma E Griffith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Brunswick; County: Frederick

Date of death 1904: Month: Jan; Day: 8; Age: Years: ; Months: 6; Days:

Sex: Female; Color or Race: white; Birthplace: Brunswick Md

Married, Single or Widowed: Single; Occupation: none

Name of Wife or Husband:

Father's Name: Samuel Griffith; Father's Birthplace: Md

Mother's Maiden Name: Carrie Seaford; Mother's Birthplace: Md

Name of person giving information: Carrie Griffith; How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping cough; How long: 4 months

Immediate: Pneumonia; How long: 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. T. Norris

Address: Brunswick Md

Accident or Suicide? no

LIBRARY BUREAU A68819

Name in Full: David Grove

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Shookstown; County: Frederick

Date of death: Month: 1; Day: 19; 1904

Age: Years: 71; Months: 3; Days: 4

Sex: Male

Color or Race: White

Birthplace: Frederick Co Md

Occupation: Farmer

Where Residing if not at place of death: Shookstown

Married, Single or Widowed: Married

Name of Wife or Husband: Margretta Bopst.

Father's Name: Reuben Grove, Sr.

Father's Birthplace: Md

Mother's Maiden Name: Matilda Lantz.

Mother's Birthplace: Md.

Name of person giving Information: John W. Groove

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Endo-Carditis.

How long: Some Months

Immediate: Heart Failure

How long: Immediate.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: D. B. Johnson

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A33616

Interment at Mt Olivet Cem
" Jan 22 D

A. T. Rice & Sons.

Name in Full: Wm H. Gunter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Montevue Hospital; County: Frederick

Date of death 1904: Month: Jany; Day: 9; Age: Years: 80; Months: X; Days: 1

Sex: Male. Color or Race: Black. Birthplace: X

Married, Single or Widowed: X. Occupation: X

Name of Wife or Husband: X

Father's Name: X. Father's Birthplace: X

Mother's Maiden Name: X. Mother's Birthplace: X

Name of person giving information: Miss Shook, Nurse. How related to deceased: X

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis. How long: 4 days

Immediate: X. How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. S Maynard.

Address: 17 Record St W Frederick Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66516

Name in Full: Mary E. Haifleigh

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Johnsville — County: Frederick

Date of death 1904: Month: Jan. — Day: 4 — Age: Years: 73 — Months: 11 — Days: 21

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Widowed — Occupation: Housewife

Name of Wife or Husband: Hezekiah Haifleigh

Father's Name: Daniel Litton — Father's Birthplace: Maryland

Mother's Maiden Name: Don't Known — Mother's Birthplace: —

Name of person giving information: James F. Haifleigh — How related to deceased: Son

64.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age & General Debility — How long: —

Immediate: Apoplexy — How long: 48 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. A. Sidwell

Address: Johnsville, Md.

Accident or Suicide?

LIBRARY BUREAU A89519

CERTIFICATE OF DEATH

MARYLAND

Name in Full Charles W. Holbrunner

Died at Town: Frederick — County:

Date of death 1904 Month: Jan — Day: 26 — **Age** Years: 3 — Months: 1 — Days: 8

Sex Male — **Color or Race** White — **Birthplace** Md

Married, Single or Widowed — **Occupation** Painter

Name of Wife or Husband Annie Comick

Father's Name Thomas W Holbrunner — **Father's Birthplace** Frederick Co Md

Mother's Maiden Name Elizabeth Smith — **Mother's Birthplace** " "

Name of person giving information Mollie Holbrunner — **How related to deceased** Sister

64

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cerebral Hemmorrhage — **How long** 20 min

Immediate Apoplexy — **How long**

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Jno F McCurdy

Address

Accident or Suicide?

LIBRARY BUREAU A86318

Name in Full: Harry Hettinger

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Delphar — County: Frederick

Date of death 1904: Month: Jan. — Day: 18 — Age: Years: ✓ — Months: ✓ — Days: 3/4

Sex: Female — Color or Race: White — Birthplace: Md.

Married, Single or Widowed: ✓ — Occupation: ✓

Name of Wife or Husband: ✓

Father's Name: Charles H. Hettinger — Father's Birthplace: Bohemia

Mother's Maiden Name: Emma E Mashler — Mother's Birthplace: Md.

Name of person giving information: Chas. H. Hettinger — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth (6 mo.) — How long: ✓

Immediate: Collapse from defective circulation — How long: ✓

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. A. Stultz

Address: Woodsboro Md.

Accident or Suicide?

LIBRARY BUREAU A8691G

Name in Full: Mrs Catherine Hooper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick City — County: Frederick Co

Date of death 1900: Month: Jany — Day: 12 — Years: Age 86 — Months — Days

Sex: Femal — Color or Race: White — Birthplace: Frederick City

Occupation — Where Residing if not at place of death: West South St

Married, Single or Widowed — Name of Wife or Husband: John Hooper

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: Wm H B Eichelberger — How related to deceased

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debelity — How long: years

Immediate: Exhaustion — How long: Minutes

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm H B Eichelberger M D

Address: Frederick City-Md

Accident or Suicide?

LIBRARY BUREAU A68015

Name in Full: Katherine Jamison

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Indian Head — County: Indian Head

Date of death 1904: Month: June — Day: 7 — Age: Years: 83 — Months: 3. — Days:

Sex: Female — Color or Race: White — Birthplace: Indian Head Co Md

Married, Single or Widowed: Single — Occupation: Lady.

Name of Wife or Husband: X

Father's Name: Baker S. Jamison — Father's Birthplace: Indian Head Co Md

Mother's Maiden Name: Jane Mudd 104. — Mother's Birthplace: Indian Head Co Md

Name of person giving Information: Wm Baughman — How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Gastritis — How long: Three days

Immediate: Heart Failure — How long: Instantaneous

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. B. Johnson

Address: Indian Head Md.

Accident or Suicide?

LIBRARY BUREAU A66618

Name in Full: John K[a]nauff -

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rocky Ridge — County: Fred'k -

Date of death 1904: Month: July — Day: 5 - — Age: Years: 77 - — Months: 10 — Days: 23

Sex: Male — Color or Race: White. am - — Birthplace:

Married, Single or Widowed: Married — Occupation: Farmer.

Name of Wife or ~~Husband~~: Biggs -

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Brights Disease — How long: 3 mos.

Immediate: Convulsions & Coma — How long: 12 days

Are the name, age, sex, color, date and place correctly given above?: Yes -

Signature of Physician: Chas H Dill

Address: D. P. Cross Md -

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Welber Kerns

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Brunswick — County: Frederick

Date of death: 1904 — Month: 1 — Day: 14 — Age: Years 6 — Months — — Days —

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: none — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name or Wife or Husband:

Father's Name: Milon A Kerns — Father's Birthplace: Md

Mother's Maiden Name: M. A Koons — Mother's Birthplace: Md

Name of person giving Information: Milon A Kerns — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Heart Disease — How long: one year

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Leon West

Address: Brunswick Md

Accident or Suicide?

LIBRARY BUREAU A80516

Name in Full: George Sterling Koono

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died ~~in~~ Town: Near Ladiesburg — County: Fredk

Date of death 1904 — Month: Jan. — Day: 29 — Age: Years: — Months: 11 — Days: 3

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: George Usher Koono — Father's Birthplace: Maryland

Mother's Maiden Name: Ellen Edna Otto — Mother's Birthplace: Maryland

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Name of person giving information: Geo. Usher Koono — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho-Pneumonia — How long: Five days.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John D. Liggett, M. D.

Address: Ladiesburg, Fredk Co. Maryland.

Accident or Suicide?

LIBRARY BUREAU ARBELA

Name in Full: Jacob Kuhn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Wolfsville; County: Frederick

Date of death 190 7: Month: January; Day: 19; Age: Years: 43; Months: 10; Days: 18

Sex: Male; Color or Race: White; Birthplace: Wolfsville

Married, Single or Widowed: Single; Occupation: Farmer

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Kuhn; Father's Birthplace: Near Wolfsville

Mother's Maiden Name: Susan Portner; Mother's Birthplace: " "

Name of person giving Information: Roy G. Powell; How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Bright's disease with Valvular; How long: 6 mos

Immediate: pulmonary & heart Heart failure; How long: immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. J. M. Steck

Address: Smithsburg Md.

Accident or Suicide?

LIBRARY BUREAU A8531G

Name in Full: Charles Edward Lamb

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Doubs; County: Frederick

Date of death 1904: Month: January; Day: 6th; Age: Years: 3; Months: 5; Days: 25

Sex: Male; Color or Race: White; Birthplace: Frederick Co.

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

Father's Name: William L. Lamb; Father's Birthplace: Frederick Co.

Mother's Maiden Name: Susan A. Jenkins; Mother's Birthplace: " "

Name of person giving Information: Wm. H. Lamb; How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Do not Know; How long: Child fell on floor & lived not [illegible]

Immediate: Sudden Death; How long: longer than half hour. Did not see child

Are the name, age, sex, color, date and place correctly given above? X

Signature of Physician: C. H. Crum, M.D.

Address: Jefferson Md.

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Linton

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Frederick | Town | County: "

Date of death 1 90 | Month: 1 | Day: 28 | Age: Years — | Months — | Days —

Sex: Female | Color or Race: Wh | Birthplace: X

Occupation: X | Where Residing if not at place of death: Y

Married, Single or Widowed: X | Name or Wife or Husband: X

Father's Name: Lewis Linton | Father's Birthplace: Md

Mother's Maiden Name: Lizzie Poole | Mother's Birthplace: Md

Name of person giving In formation: Lewis Linton | How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stillborn | How long —

Immediate — | How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W J Crouse

Address: Frederick

Accident or Suicide?

LIBRARY BUREAU A88618

Name In Full John A Lynch

Certificate of Death

Died at Town Frederick County Frederick MARYLAND

Date 19 04 Month July Day 31 | Age Y. 78 M. 3 D. 28 | Native of Md | Occupation Lawyer

Male ~~Female~~ | White ~~Colored~~ | Married Single | ~~Widow~~ Widower | Divorced | Number of children living 0

Husband ~~Wife~~ of Isabella C Lynch dec'd

Father's Name Wm Lynch | Mother's Maiden Name Eliza A. Botelor

Cause of Death: Primary Fall on ice fracturing R[illegible]

How long sick 10 days

Immediate ~~cause~~ consequent contingent to fracture causing apoplexy

Accident, ~~Suicide, Homicide~~

Reported by Dr Wm Crawford Lemmon

Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full: John McGary

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Montevue Hospital; County: Frederick

TO BE ANSWERED BY NEAREST FRIEND

Date of death 190	Month: January	Day: 26	Years: Age 83	Months	Days
Sex: Male	Color or Race: White		Birth-place: X		
Married, Single or Widowed: X	Occupation				
Name of Wife or Husband: X					X
Father's Name: X				Father's Birthplace: X	
Mother's Maiden Name: X				Mother's Birthplace: X	
Name of person giving In formation: Miss Stook, Nurse				How related to deceased: X	

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ms Agr	How long: ~
Immediate: Exhaustion	How long: ~
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician: S. S. Maynard
	Address: 17 Record St W. Frederick Md.
Accident or Suicide?	

LIBRARY BUREAU A68316

Name in Full: Ann Elizabeth Mainhart

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death: 1904 — Month: January — Day: 18 — Age: Years 78 — Months 10 — Days —

Sex: Female — Color or Race: white — Birthplace: Homberg, Ger.

Occupation: Housekeeper — Where Residing if not at place of death: W. Church St

Married, Single or Widowed: Single — Name of Wife or Husband: None

Father's Name: Henrich W. Mainhart — Father's Birthplace: Homberg Ger

Mother's Maiden Name: Mary M. Kahler — Mother's Birthplace: " "

Name of person giving Information: Carrie Mainhart — How related to deceased: Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility — How long: 3 years

Immediate: Exhaustion — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Sabmer M.D.

Address: 176 2nd St.

Accident or Suicide?

LIBRARY BUREAU A36618

Name in Full Margaret E. Martin

Certificate of Death

Died at Town Braddock County Frederick MARYLAND

Date 1904 Month 1st Day 27th | Age Y. 29 M. 9 D. 27 | Native of Md | Occupation Housekeeper

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living One

~~Husband~~ Wife of Wm J. Martin

Father's Name Adam

Mother's Maiden Name Mary E. Guisbert

Cause of Death — Primary Tuberculosis — How long sick 2 year

Immediate

~~Accident~~, Suicide, ~~Homicide~~

Reported by James R Bales M.D

Address Thurmont Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]93

Name in Full: Joshua Martin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Graceham — County: Frederick

Date of death 1904 — Month: Jan — Day: 19th — Age: Years: 60 years — Months: 3 mos — Days: 10 days

Sex: Male — Color or Race: White — Birthplace: Graceham Fred. Co. Md.

Married, Single or Widowed: Married — Occupation: Farmer.

Name of Wife ~~or Husband~~: Sarah C. Stevens.

Father's Name: Jeremiah Martin — Father's Birthplace: Fred. Co. Md.

Mother's Maiden Name: Mary Kanoff — Mother's Birthplace: Fred. Co. Md.

Name of person giving information: Frank Martin — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Heart Disease. — How long: 1 year

Immediate: Heart failure. & Bright's Disease. — How long: Six weeks.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. C. Kefauver M.D.

Address: Thurmont. Maryland.

~~Accident or Suicide?~~

LIBRARY BUREAU Ab6310

Name in Full: Moberly, Wm. L.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Frederick

Date of death 1904: Month: 1; Day: 22

Age: Years: 72; Months: 11; Days: 18

Sex: Male

Color or Race: White

Birthplace: Frederick Md

Married, Single or Widowed: Married

Occupation: Painter

Name of Wife or Husband: Ellen Moberly (nee Albaugh)

Father's Name: Levi Moberly

Father's Birthplace: Unk

Mother's Maiden Name: dont Know

Mother's Birthplace:

Name of person giving information: daughter (Mrs Rowe)

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary: Paralysis

How long:

Immediate: Asthenia

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. P. Fahrney

Address: Frederick Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A86516

Name in Full: Oliver Morrison

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg — County: Frederick

Date of death 1904: Month: 1 — Day: 14

Age: Years: 73 — Months: 9 — Days: 14

Sex: Male — Color or Race: White — Birthplace: Maryland

~~Married~~, Single or ~~Widowed~~ — Occupation: Retired Farmer

Name of Wife or Husband:

Father's Name: Samuel Morrison — Father's Birthplace: Md

Mother's Maiden Name: Susan Pander — Mother's Birthplace: "

Name of person giving information: Henry Stokes — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile debility — How long: 2 years

Immediate: Fract. Femur — How long: 18 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Robt L. Annan M.D.

Address: Emmitsburg Md

Accident or ~~Suicide~~?

PHYSICIAN OR CORONER

LIBRARY BUREAU Aseeis

Name in Full: Rollie Daniel Moler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brunswick; County: Frederick

Date of death: 1904 Month: Jan Day: 28

Age: Years: 1 Months: — Days: 25

Sex: Male Color or Race: White Birthplace: Brunswick

Occupation: None Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Daniel Griffeth Moler Jr. Father's Birthplace: W. Va

Mother's Maiden Name: Ella Davidson Chesnut Mother's Birthplace: Pa

Name of person giving Information: Daniel Moler How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe How long: 10 days

Immediate: Pneumonia How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. G. Bonsack

Address: Brunswick Md

Accident or Suicide?

LIBRARY BUREAU AUG51

CERTIFICATE OF DEATH

MARYLAND

Name in Full: John Jefferson Miller

Died at: Town: New Jefferson; County: Frederick

Date of death 1904: Month: Feb; Day: 4

Age: Years: 88; Months: 3; Days: 2

Sex: Male

Color or Race: White

Birthplace: Frederick Co

Married, Single or Widowed: Widower

Occupation: —

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Mrs David Hale

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary: General Debility — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Reported by

Address: R. E. Etchison, Mundatakes Jefferson Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Nellie C. Masser

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Shookstown — County: Frederick

Date of death 1904	Month	Day	Age — Years	Months	Days
	1	8	—	1	29

Sex: Female — Color or Race: White — Birthplace: Co.

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name: George Masser — 79 — Father's Birthplace: F. Co. Md.

Mother's Maiden Name: Jennie McDonald — Mother's Birthplace: " " "

Name of person giving information: Wm Masser — How related to deceased: Uncle.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: This child was found dead to be

How long:

Immediate, when its Mother awoke during the Night

How long:

Are the name, age, sex, color, date and place correctly given above? Yes — Had not been sick before

Signature of physician:

Address: A. F. Price & Sons

Accident or Suicide? 190 N. Market St. Frederick, Md.

LIBRARY BUREAU A86516

Interment at Doubs Cemetery
" Jan 9 04
A. T. Price & Son's

Name in Full: Mrs Ann Mauk

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brdenck — County: Cecil

Date of death: 1904 | Month: 1 | Day: 17 | Age: Years 64 | Months 4 | Days

Sex: Female | Color or Race: White | Birthplace: Co -

Occupation: H'wife | Where Residing if not at place of death: +

~~Married, Single~~ or Widowed | Name of Wife or Husband: Chas Mauk deceased

Father's Name: George Miller | Father's Birthplace: Co

Mother's Maiden Name: Maria M. Spangler 40 | Mother's Birthplace: York Pa

Name of person giving Information: Wm S. Miller | How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Liver | How long: 2 mos Runn

Immediate: Obstruction of Gall duct - | How long: 4 months

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Franklin Buchanan Smith

Address: Brdenck, Md

~~Accident or Suicide?~~

LIBRARY BUREAU A36016

Name in Full

Morris Ritter Ahler

Certificate of Death

Died in Town Emmitsburg Dist. County Frederick MARYLAND

Date 1904	Month January	Day 18	Age Y. 13	M. 5	D. —	Native of Md.	Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 9 7

Husband / Wife of —

Father's Name George Armenius Ahler

Mother's Maiden Name Savilla Ritter

Cause of Death — Primary

How long sick 9 weeks

Immediate Bronchial Pneumonia

~~Accident, Suicide, Homicide~~

Reported by J. W. Richelberger M.D.

Address Emmitsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: John Patterson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Emmitsburg — County: Frederick

Date of death 1904 — Month: Jan — Day: 6th

Age — Years: 85 — Months: 4 — Days: 12

Sex: Male — Color or Race: White — Birthplace: Emmitsburg

Occupation: Retired Farmer — Where Residing if not at place of death: "

Married, Single or ~~Widowed~~ — ~~Name of Wife or Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jno Patterson — Father's Birthplace: Scotland

Mother's Maiden Name: Lydia Dallas — Mother's Birthplace: Pa

Name of person giving Imformation: A. M. Patterson — How related to deceased: nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Capillary Bronchitis — How long: 10 days

Immediate: Asphyxia - Suspect by overdose of Chloral — How long: 1 hour.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. M. E. Stonesifer

Address: Emmitsburg, Md

~~Accident or Suicide?~~

LIBRARY BUREAU A63016

Name in Full

Certificate of Death

Margt. V. Perrell

Town

County

Died at Hyland Prince Frederick MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Jan	17	72	11	17	Prince Fr.	

Date 19 07

~~Male~~, Female — White, ~~Colored~~ — ~~Married~~, ~~Single~~, Widow, ~~Widower~~, ~~Divorced~~ — Number of children living 9

~~Husband~~ / Wife of Samuel Perrell

Father's Name James Dixon

Mother's Maiden Name

Cause of Death: Primary — How long sick

Immediate — Heart Trouble — Accident, Suicide, Homicide

Reported by Geo. W. Riley

Address Dicksen Md Rt. 422

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79293

Name in Full: Reeder

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Middletown — County: Fred'k

Date of death: Month: 1 — Day: 5 — Year: 1904 — Age: Years / Months / Days

Sex: Male — Color or Race: White — Birthplace:

Occupation: Premature — Where Residing if not at place of death: Born

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Lorenzo Reder S. — Father's Birthplace: Md

Mother's Maiden Name: Bessie Sigler — Mother's Birthplace: Md

Name of person giving In formation: Lorenzo Reeder — How related to deceased: Father

CAUSES OF DEATH

Primary: Premature Birth — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo Fourler

Address: Burkittsville Md.

Accident or Suicide?

LIBRARY BUREAU A99816

Name in Full: Rippeon Edward

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Pleasant — County: Frederick

Date of death 1904: Month: 8 — Day: 26

Age: Years: 3 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Fredk Co

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm Rippeon — Father's Birthplace: Mt Pleasant

Mother's Maiden Name: Mora Hildebrands — Mother's Birthplace: do

Name of person giving In formation: Mother — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Variola — How long: 10 days

Immediate: asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. P. Fahrney

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Rippeon Elmer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Pleasant — County: Frederick

Date of death 1904: Month: 1. — Day: 29 — Age: Years: 1 — Months — Days

Sex — Color or Race: White — Birthplace: Frederick Co

Married, Single or Widowed — Occupation —

Name of Wife or Husband —

Father's Name: Wm Rippeon — Father's Birthplace: Fredk Co

Mother's Maiden Name: Nora Hildebrand — Mother's Birthplace: " "

Name of person giving information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Variola (Confluens) — How long: 8 days

Immediate: Asthenia — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Margaret E. Simms

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Libertytown — County: Frd.

Date of death 1904 — Month: Jan — Day: 18 — Age — Years: 57 — Months: 4 — Days: 9

Sex: Female — Color or Race: Negress — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: House work

Name of Wife or Husband: Joseph Simms

Father's Name: [illegible] — Father's Birthplace: [illegible]

Mother's Maiden Name: [illegible] — Mother's Birthplace: [illegible]

Name of person giving information: Daughter — How related to deceased: [illegible]

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Asthma & Bright's Disease — How long: 2 yrs

Immediate: Heart Failure — How long: Sudden

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. Clyde Rowbottom

Address: Buckeystown

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A86616

Name in Full: Agusta Ann Smith.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Liberty; County: Frederick

Date of death 1904: Month: Jan; Day: 3; Age: Years: 75; Months: ; Days:

Sex: Female; Color or Race: White; Birthplace: Frederick Co.

Married, Single or Widowed: Single; Occupation: None

Name of Wife or Husband:

Father's Name: Geo. W. Smith; Father's Birthplace: Frd. Co

Mother's Maiden Name: Mary Locke; Mother's Birthplace: Frd. Co

Name of person giving In formation: Mrs Long; How related to deceased: Sister.

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary: Epilepsy — How long: 4 years

Immediate: Heart failure — How long: Immediate.

Are the name, age, sex, color, date and place correctly given above? as Rumm. so far

Signature of Physician: J. Thomas Sim.

Address: Liberty Frm. Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU ARMCO

Name In Full George Smith.

Certificate of Death

Died at Town Emmitsburg County Frederick MARYLAND

Date 1904 Month Jany Day 21 | Age Y. 84 M. 5 D. 28 | Native of Germany | Occupetion Retired Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 10

Husband ~~Wife~~ of Elizabeth Weirich

Father's Name Peter Smith. Mother's Maiden Name 11

Cause of Death: Primary ——— Immediate Paralysis

How long sick 3 days

~~Accident, Suicide, Homicide~~

Reported by J. M. Rickelberger M.D.

Address Emmitsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Name in Full: Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lewistn — County: Fred'k

Date of death: Month: 1 — Day: 18 — 1904

Age: Years — Months — Days

Sex: Female

Color or Race: White

Birthplace: Lewistn

Occupation

Where Residing If not at place of death

Married, Single or Widowed: —

Name of Wife or Husband

Father's Name: Wesley T Smith

Father's Birthplace: Maryland

Mother's Maiden Name: Ira Bonsell

Mother's Birthplace: D

Name of person giving Information

How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E Shipley Shaw

Address: Lewistn Md

Accident or Suicide?

LIBRARY BUREAU A66618

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Charles Richard Stephens

Died at (Town): Near Libertytown — (County): Frederick

Date of death 1904 — Month: January — Day: 9 — Years: 53 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Libertytown

Married, Single or Widowed — Occupation: Shoemaker

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Stephens — Father's Birthplace: Unknown

Mother's Maiden Name: Elizabeth Bragg — Mother's Birthplace: Virginia

Name of person giving In formation: James T. Bowers — How related to deceased: Brother in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 1 Year

Immediate: Tuberculosis — How long:

Are the name, age, sex, color, date and place correctly given above? To best of knowledge

Accident or Suicide?

Signature of Physician: W. T. Sweadner

Address: Undertaker, Libertytown

LIBRARY BUREAU

Name in Full: Jacob Strine

CERTIFICATE OF DEATH

MARYLAND

Died — Town: near Johnsville — County: Fredk

Date of death 1904 — Month: Jan — Day: 15 — Age: Years 60 — Months 11 — Days 1

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: married — Occupation: Farmer.

Name of Wife or Husband: Susan Stultz

Father's Name: John Strine — Father's Birthplace: Maryland

Mother's Maiden Name: Pollie Eker — Mother's Birthplace:

Name of person giving information: Susan Strine — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Disease of Pyloric orifice of Stomach — How long: 5 months

Immediate: Debility — How long: 1 month.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John I. Ligget, M. D.

Address: Ladiesburg, Fredk Co., Maryland.

Accident or Suicide?

LIBRARY BUREAU AAS818

Name in Full: Alice Swan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Frederick

Date of death 1904: Month: 1; Day: 8

Age: Years: 52; Months: —; Days: —

Sex: Female

Color or Race: Black

Birthplace: Md

Occupation: Home Wife

Married, Single or Widowed: Married

Name of Wife or Husband: Martin Swan

Father's Name: John Murdock

Father's Birthplace: Md

Mother's Maiden Name: Catherine Jones

Mother's Birthplace: Md

Name of person giving information: Martin Swan

How related to deceased: Husband

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dilatation of Heart

How long: 3 yrs

Immediate: Exhaustion Exertion

How long: Sudden

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. A. Long

Address: 37 E Patrick St Frederick Md

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full: Roy Toms

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Myersville, County: Frederick

Date of death 190 4: Month: Jan. Day: 27

Age: Years: 1 Months: 8 Days:

Sex: Male

Color or Race: White

Birthplace: Myersville, Md.

Married, Single or Widowed: Single

Occupation: —

Name of Wife or Husband:

Father's Name: Claude Toms

Father's Birthplace: Frederick Co. Md.

Mother's Maiden Name: Anna Grossnickle

Mother's Birthplace: Frederick Co. Md.

Name of person giving information: Jacob Kooge

How related to deceased: None.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebro Spinal Meningitis — How long: 21 days

Immediate: Heart Failure — How long: 1 day.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Ralph Browning

Address: Myersville, Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Carl Augustus Weeden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lime Kiln — County: Md

Date of death 1904	Month	Day	Age: Years	Months	Days
	Jan	24	9	4	

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: Colored — Birthplace: Maryland

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: William H. Weeden — Father's Birthplace: Maryland

Mother's Maiden Name: ~~Hall~~ Carroll — Mother's Birthplace: Maryland

Name of person giving Information: Emma Weeden — How related to deceased: Grandm.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Oedema of Respiratory Tract — How long: 10 days

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. Clyde Rudasill

Address: Buckeystown

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Oliver Williams

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lime Kiln — County: Fred

Date of death 1904: Month: June — Day: 10 — Age: Years: 24 — Months: 8 — Days: 10

Sex: Male — Color or Race: Colored — Birthplace: Md

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband:

Father's Name: Hamelton Williams died from consumption about 20 years ago — Father's Birthplace: Md

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 12 to 18 mos

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H Clyde Poulson

Address: Buckeystown

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full [illegible] Wingfield

CERTIFICATE OF DEATH

MARYLAND

Died at [illegible] Town — Frede[illegible] County

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	1	15	Age 7		

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: X — Where Residing if not at place of death:

Married, Single or Widowed: X — Name of Wife or Husband: X

Father's Name: Chas. Wingfield — Father's Birthplace: Md

Mother's Maiden Name: Ida Hamerton — Mother's Birthplace: Md

Name of person giving Information: Y — How related to deceased: C

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Forming Membranous Croup — How long: 2 days

Immediate: Apnoea — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. J. Fordell. MD

Address: Frederick

Accident or Suicide? X

LIBRARY BUREAU A88816

TO BE ANSWERED BY THE FRIENDS OR RELATIVES

CAUSES OF DEATH

MALCOLM H. HENDRICKS

Name in Full: Dupree Jr

CERTIFICATE OF DEATH

MARYLAND

Died in: Town: Brunswick County: Frederick

Date of death: 1904 Month: Jan Day: 9th Age: Years Months: 3 Mo. Days

Sex: Female Color or Race: White Birthplace

Occupation: Where Residing If not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Albin Dupree Sr. Father's Birthplace: Va

Mother's Maiden Name: Sarah Gray Mother's Birthplace: Md.

Name of person giving Information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature birth How long

Immediate: How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. G. Stone

Address: Brunswick

Accident or Suicide?

Called from birth Cert

LIBRARY BUREAU A88018

Name in Full: Earle Vernon Zimmerman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: — County: Frederick

Date of death 1904 — Month: Jan — Day: 23 — Age: Years: 0 — Months: 6 — Days: 21

Sex: Male — Color or Race: White — Birthplace: Frederick Co.

Married, Single or Widowed: — — Occupation:

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William D. N. Zimmerman — Father's Birthplace: Frederick Co.

Mother's Maiden Name: Myrtle Estelle Hoffmaster — Mother's Birthplace: Washington Co.

Name of person giving In formation: W. D. N. Zimmerman — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: True Croup (Laryngeal Stridor) — How long: 2½ days

Immediate: Asphyxia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. W. K. Crum

Address: Jefferson, Md.

Accident or Suicide?

LIBRARY BUREAU A88316